

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: EVERGREEN MANOR INC (0010512)

Address: W5205 BUCKEYE DR, NECEDAH, WI 54646

License Status: REGULAR

Licensed/Certified/Registered 10/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094085 **End Date:** 01/27/2005 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008112 Served 02/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(a)2	TIMES ON DUTY AND WHO IS IN CHARGE		
83.13(7)(a)7	JOB DESCRIPTION		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		

Survey ID: 0093459 **End Date:** 10/11/2004 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008062 Served 10/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(4)	RETENTION	01/27/2005	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	01/27/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS	01/27/2005	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092341 **End Date:** 04/08/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Enforcement History

Date: 02/11/2005 **SOD #**10008112 **Appealed:** No

Sanctions

PROVIDE TRAINING
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(3)(b)2.b

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Complaint History

Date Complaint Received: 10/08/2004

Date Investigation Completed: 01/27/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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